

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS P.O. BOX 1062 JEFFERSON CITY, MO 65102 (573) 751-1052 OR 1-866-762-9432

ABCLCX A.				011 1 000 7 02 0 102		
CLASSIFICATION						
BA - Barber BIN - Barber Instruction	or					
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☐ \$20 Barber License Fee						
(DI 540)	E DDINT OD TVDE TU		NEODMATION)			
(PLEASI	E <u>PRINT</u> OR <u>TYPE</u> THE	E FOLLOWING I	NFORMATION)			
APPLICANT NAME						
STREET ADDRESS						
CITY		STATE		ZIP CODE		
SOCIAL SECURITY NUMBER (REQUIRED) DATE OF BIRTH			TELEPHONE			
•						
EMAIL ADDRESS			,			
(OPTIONAL) I AUTHORIZE THE BOARD TO RELEAS	SE MY EMAIL ADDRESS UPC	ON REQUEST.				
IN THE PAST 10 YEARS HAVE YOU BEEN FINALLY AD						
						□NO
NOTE: THIS INCLUDES SUSPENDED IMPOSITION O ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. (AND/OR PLEAING, NATURE OF THE OFFENSE, COUR	CHECK YES IF NOT PREVIO	USLY DISCLOSED T	O THIS BOARD AND P			
HAVE YOU OR AN IMMEDIATE FAMILY MEMBER SERV	RCES?			YES	□NO	
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?					YES	□NO
	Pursuant to Secti	ion 324.010 RSM	lo:			
CHECK THIS BOX ONLY IF IN ALL O					NOT I	HAVE
False statement If you have any question			ment of Revenue a			
Pleas	e return <u>this</u> com	npleted form	and fee to:			
Missouri Board of Cosmetology and Barber Examiners P.O. Box 1062						

Jefferson City, MO 65102